

PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

ATTORNEY'S DOCKET NUMBER

ROBERT S. HAMAS

94-030576

ENTITLED

“STRUCTURED BREAST IMPLANT”



Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

“Express Mail” Label Number EV 336815629 US

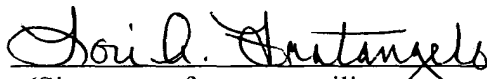
Date of Deposit August 26, 2003

I hereby certify that the following attached paper or fee

PATENT APPLICATION TRANSMITTAL LETTER
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is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Lori A. Fratangelo
(Typed name of person mailing paper or fee)


(Signature of person mailing paper or fee)

PATENT APPLICATION TRANSMITTAL LETTER

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Commissioner for Patents
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Alexandria, VA 22313-1450

Transmitted herewith for filing is the patent application of: Robert S. Hamas
Entitled: "Structured Breast Implant"

Small Entity Status:

☐ Small Entity Statement under 37 CFR 1.27 is enclosed
☒ Small Entity Status is asserted for this application under 37 CFR 1.27

Enclosed are: ☒ 2 sheet/s of drawing/s
☐ An Assignment of the invention to: _____
☒ Declaration
☐ Non-Publication Request Under 37 C.F.R. §1.213

CLAIMS AS FILED

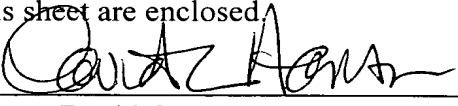
	<u>No. Filed</u>	<u>No. Extra</u>	<u>Small Entity Rate</u>	<u>Non-Small Entity Rate</u>	<u>Charge</u>
Total					
Claims	<u>20</u>	<u>-20 = 0</u>	x \$ 9.00	x \$ 18.00	\$ _____
Indep. Claims	<u>1</u>	<u>-3 = 0</u>	x \$ 42.00	x \$ 84.00	\$ _____
Multiple Dependent Claim/s			+ \$140.00	+ \$280.00	\$ _____
Basic Fee			+ \$375.00	+ \$750.00	\$ <u>375.00</u>
			Total of above Charges		\$ _____
			Total Fee		\$ <u>375.00</u>

A check/s in the amount/s of \$ 375.00 is/are enclosed to cover the filing fee and _____.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or patent application processing fees under 37 CFR 1.17 associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650.

An original and two copies of this sheet are enclosed.

August 26, 2003
Date

By 
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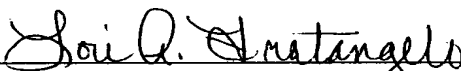
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TWO (2) SHEETS OF FORMAL DRAWINGS

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Lori A. Fratangelo

(Typed name of person mailing paper or fee)



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